

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

QUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/518684

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ 50
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue	REFUND COMPLETED	PCT NATIONAL DIVISION	\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

10 REASON:	7 TOTAL AMOUNT OF REFUND	\$ 50
<input checked="" type="checkbox"/>	8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Treasury Check	
<input type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	9	11-1445

REFUND COMPLETED
PCT NATIONAL DIVISION

11 REFUND REQUESTED BY:	TITLE: <u>Pauline</u>
TYPED/PRINTED NAME: <u>Tamala Holland</u>	PHONE: <u>703-308-9140</u>
SIGNATURE: <u>T. Holland</u>	X209
OFFICE: <u>PCT</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____	DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B